



## Request and Authorization for Disclosure of Health Information Form

### City of Miramar Fire Rescue Department

14801 SW 27<sup>th</sup> St.  
Miramar, FL 33027  
(954) 602-3353  
(954) 602-3981

<http://www.miramarmfd.org>

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, a patient has the right to access, inspect and copy their Protected Health Information (PHI) maintained by Miramar Fire-Rescue. Additionally, your rights allow you to request a copy, request to amend and/or request restriction of the use of any disclosure of your PHI.

This is an authorization requesting the City of Miramar Fire-Rescue Department to release medical reports and/or information protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or by state law protecting the privacy of health information.

I, \_\_\_\_\_, hereby authorize the use and disclosure of the individually identifiable health information to be furnished to the requesting party below.

#### REQUESTING PARTY'S INFORMATION

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Apt./Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### PATIENT INFORMATION

Name on Report \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_ Patient SSN \_\_\_\_\_

Location of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_ Incident Number (if known) \_\_\_\_\_

This authorization shall be in force and effect until \_\_\_\_\_ at which time this authorization to use or disclose this protected health information expires.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name

Relationship to Patient \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public